

Camp Judah Health Form

Camp Located at: 2970 Kohler Rd.
Varysburg, NY 14167
(585)535-7832

This form **MUST** be accurately completed by all campers or camp staff members and submitted with a registration form. **Part One** should be filled out by the camper's parents, **Part Two** must be filled out by your personal care physician, physician's assistant or certified nurse practitioner. Camp Hickory Hill is located on a hillside and will be physically challenging if your child's mobility is limited or health is otherwise impaired. Please be certain your child is in good health and up to the physical demands upon arrival at camp. We will be unable to safely accommodate some types of medical conditions. Please contact the camp director if you have questions regarding this health form.

PART ONE

Please be advised that we are subject to New York State laws and require the EXACT information requested. Failure to document this information will result in delay of registration of your camper.

Camper's Name _____ Gender _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____ Relationship to camper _____ Phone _____

Health Insurance Information:

Carrier _____ Type _____
Policy # _____ Phone # () _____
In Whose Name? _____

IMMUNIZATIONS - Please attach a copy of immunizations provided by the camper's medical care provider. If no immunizations have been given, we must have documentation attached. (Include Covid-19 vaccine, if applicable.)

Camper had confirmed Covid-19 If yes, date of illness: _____

Please share any further comments regarding your child's social, emotional, and/or psychological well-being that would be important for the staff to be aware of (this information will only be shared with the pastors, directors and your child's specific counselor for the safety and well-being of the campers _____

Parent's Authorization (must be signed): This health form is correct so far as I know, and the person herein described has permission to engage in all camp activities, except as noted on this form. I agree to allow my child to be tested for COVID if symptomatic. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above. I also authorize the camp nurse to administer treatment as per standing order protocol and to administer any medications prescribed by his/her physician as listed on this form. I agree to pick up my child within 24 hours of being notified by the camp leadership if removal is considered necessary.

Parent/Guardian Signature _____ Relationship _____ Date _____

***IMPORTANT! PLEASE READ:**

Please submit **Part Two** of this health form to your child's pediatrician for their review and signature. Typical school health assessment or sports forms are not acceptable, as they do not authorize general medical care for your child in the event it is required. Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep ALL medications in their original and current packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.** Attach additional pages as needed.

CAMP JUDAH 2444 N Main St., Warsaw, NY 14569 (585)786-2969 FAX: (585)786-8249 campjudah@gmail.com

CABIN:

EXAM DATE:

CAMP WEEK:

NAME: